O 440 (Rev. 10/93) Summons in a Civil Action

## **United States District Court**

Southern District of Indiana

NERDS ON CALL, INC	
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SUMMONS IN A CIVIL CASE

V.

INTERNET BILLING SERVICES, INC. and RYAN ELDRIDGE, Individually.

**CASE** 

1:07-cv-0535-DFH-TAB

TO: (Name and address of Defendant)

INTERNET BILLING SERVICES, INC. c/o RYAN ELDRIDGE, Individually 215 Lake Boulevard, No. 494 Redding, California 96003

YOU ARE HEREBY SUMMONED and required to serve upon PLANTIFF'S ATTORNEY (name and address)

Theodore J. Minch (IN 18798-49) Sovich Minch, LP 10099 Chesapeake Drive, Suite 100 McCordsville, Indiana 46055 (317) 335-3601 (t)

an answer to the complaint which is herewith served upon you upon you, exclusive of the day of service. If you fail to do so, the complaint. You must also file your answer with the Clerk	days after service of this summons judgment by default will be taken against you for the relief demanded in of this Court, 46 East Ohio Street. Room 105, Indianapolis, Indiana
46204, within a reasonable period of time after service.	APR 2 7 2007
CLERK	DATE
(By) DEPUTY CLERK	

<ul> <li>AO 440 (Rev. 10.93) Summions in a Civil Action</li> </ul>	
· · · · · · · · · · · · · · · · · · ·	RETURN OF SERVICE
Service of the Summons and complaint was made by me	DATE AUGUST NO. 2007
AME OF SERVER (PRINT)	Office Manager
Check one box below to indicate appropriate method of so	
<b>G</b> Served personally upon the defendant. Place w	where served:
G Left copies thereof at the defendant's dwelling discretion then residing therein	g house or usual place of abode with a person of suitable age and
Name of person with whom the summons and	d complaint were left:
G Returned unexecuted:	
G Other (specify): VIA CEYTIF	fied mail - return receipt requesto
	STATEMENT OF SERVICE FEES
FRAVEL SERVICES	
	DECLARATION OF SERVER
I declare under penalty of perjury under contained in the Return of Service and Statement of	er the laws of the United States of America that the foregoing information at of Service Fees is true and correct.
Executed on August 24 2001	Pessy A. Wajkk
_	10099 CHOSPENCE DV. MCCONDENTIC, IN 46055
SENDER: COMPLETE THIS S	SECTION COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the card Attach this card to the back or on the front if space permit	Also complete is desired. so on the reverse and to you. of the mailpiece  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to: Daniel N. Ballan	D. Is delivery address different from item 1? Yes
Buillivant House	
Suite 1000	3. Service Type  Cortified Mail  Express Mail
1415 L Street	☐ Registered ☐ Return Receipt for Merchandise
113 As to who may serve Sacramento CA	95814 Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
Article Number     (Transfer from service label)	7002 0510 0004 0427 1555
PS Form 3811, February 2004	

102595-02-M-1540